



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

May 19, 2009

Approved  
5/26/09

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Robert Butler	Jeff Bailey	Juhua Wu	Julie Cross
Kathy Watt, <i>Co-Chair</i>	Jim Chud	Miguel Martinez		Jane Nachazel
Douglas Frye	Ted Liso	Rich Mathias		Glenda Pinney
Joanne Granai	Anna Long	Danielle Schuman		Craig Vincent-Jones
Michael Green				Nicole Werner
Bradley Land				
Quentin O'Brien				

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- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 5/5/2009
- 3) **Table:** Priorities and Planning Committee Meeting Locations, *Revised 4/10/2009*
- 4) **Summary:** Consumer Caucus, 5/14/2009
- 5) **Summary:** California HIV Insurance Continuation Options, 5/5/2009
- 6) **Recommendations:** Ryan White Part A/Part B Year 20 Allocations, OAPP, 5/19/2009
- 7) **PowerPoint:** Other Streams of Funding for HIV/AIDS Services, 5/19/2009
- 8) **Table:** Fiscal Year 2010 Service Category Rankings, 5/19/2009
- 9) **Summary:** Fiscal Year 2010 Priority- and Allocation-Setting, Paradigms and Operating Values, 4/7/2009
- 10) **List:** HIV Service Category Definitions, 4/28/2009
- 11) **Spreadsheet:** Grant Year 18 Ryan White Part A & B Expenditures by Service Categories as of February 28, 2009, 4/23/2009
- 12) **Summary Key:** Year 18 Ryan White Part A & B Expenditures by Service Category, *on-going*

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:50 pm. Conflicts of interest were noted during roll call.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order, as amended to postpone Item 11 (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 5/5/2009 P&P Committee Meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:**
  - Mr. Goodman reported seven cases were recently referred to him from across the County regarding complex benefits issues. Three combined public and private benefit issues while the other four concerned public benefits. Ms. Watt added that several new clients at her agency, while otherwise informed, were unaware that Ryan White services were available.
  - Ms. Granai thanked the Committee for its extra work in developing an allocations plan for SPA 1. She said information on the upcoming RFP is being disseminated. She offered to personally deliver written materials to providers when available.

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6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. **CO-CHAIRS' REPORT:**

A. **Meeting Dates and Locations:** The Committee will complete FY 2010 allocations at the 5/26/2009 meeting. Mr. Goodman commended Committee members and staff for the extra work.

8. **FY 2009 ALLOCATIONS:**

- Mr. Land reviewed the Consumer Caucus Summary of the 5/14/2009 meeting where consumers were asked to make allocation recommendations. The Caucus emphasized services that support access and mitigate quality of life concerns impacted by the economy.
- Ms. Cross noted the Governor released the May Revise. There were two versions depending on passage or failure of the budget propositions. His revisions recommend a one-third reduction to Supplemental Security Income and a cut In-Home Supportive Services. The Governor will also seek approval from the federal government to make Medi-Cal eligibility changes, such as charging share-of-cost to those who do not pay one now. Another Medi-Cal proposal is to move subsets of immigrants from full to emergency Medi-Cal.
- Dr. Green said a proposed cut to Part B if the propositions fail would cut \$3.5 million in state prevention and education funds, including Health Education and Risk Reduction (HE/RR) funds to the County, as of 7/1/2009.
- Ms. Watt noted the Governor is proposing to cut substance abuse treatment for the post-incarcerated in conjunction with early release of prisoners.
- Ms. Cross said health care reform proposals include changing Federal Poverty Level (FPL) and asset requirements for Medicaid/Medi-Cal, improving Medicare reimbursement and removing the two-year waiting period, and providing a purchase option through the insurance risk pool.
- Current insurance continuation options are: CARE//HIPP, which pays premiums for those unable to work due to HIV, and Medi-Cal/HIPP, which pays premiums for those eligible for Medi-Cal. There are gaps due to the high cost of premiums and income/asset eligibility levels, as well as for the non-disabled and those covered by MRMIP.
- ➡ Dr. Green will confirm whether or not HRSA permits any services to those with income over 300% of FPL and, if so, whether co-pays may be charged or are required for that population.

A. **OAPP Allocation Recommendations:**

- Dr. Green reported that OAPP recommended no substantive allocation changes from FY 2009 to FY 2010. According to Dr. Green, a significant number of service categories will be put out for bid in the next few months. Nine service categories will have new contracts in place by the start of FY 2010, but contracts for others will be executed during FY 2010 or by the beginning of FY 2011. OAPP proposes that, as solicitations are completed and the schedule for new contracts is put in place for contracts being initiated during FY 2010, OAPP will return to the Commission with recommendations for those services.
- OAPP recommends allocating \$21 million for Medical Outpatient services, which includes Medical Outpatient/Medical Specialty, Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings. This amount will avoid disruption in services and allow providers to plan their services for Medical Outpatient through FY 2010.
- OAPP recommends proportional funding for the remaining categories after deduction of the \$21 million. The approved SPA 1 allocations would come from the appropriate categories, including Medical Outpatient/Specialty.
- According to Dr. Green, the \$21 million should purchase more service units than are provided now. The rate will be higher for some providers and lower for others. Adjudication, however, is also part of the rate, and it is expected that 30% of people in the Ryan White system are estimated eligible for Medi-Cal or Medicare. While the \$21 million will cover all patients currently in the system, it is likely many of those will be shifted to other systems through adjudication, opening additional services for those in need.
- Mr. Vincent-Jones reported the first Medical Care Coordination (MCC) Technical Assistance (TA) planning meeting with consultant Donna Yutzy is scheduled for 6/19/2009. The SPA 1 service contract will provide some MCC pilot information, but it will not be feasible to implement the service until FY 2011.
- Dr. Green noted OAPP recommendations are for the start of FY 2010. OAPP does not recommend allocating for Benefits Specialty as the Board requires solicitation and OAPP will not be soliciting this service category in time for a March 1, 2010 start. Also, he said, Benefits Specialty is one of the activities in MCC and start-up should be coordinated.
- Mr. Vincent-Jones said, though linked, Benefits Specialty is not part of MCC, though it may be influenced by it. MCC is a medical model coordinating client services. It will combine Case Management, Psychosocial and Medical functions to ensure that, even if a client is receiving psychosocial services, they will be provided in a medical framework.
- He continued that the Commission's role does not need to end with allocations, but can extend to directives, and/or work with the Board, to ensure Benefits Specialty is implemented.

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- Mr. O'Brien pointed out that once Medical Outpatient becomes fee-for-service, previously incorporated case management services will become unfunded. He was concerned about the coordination of Medical Outpatient/Specialty, MCC and Benefits Specialty services as they are implemented.
- Mr. O'Brien noted that his agency has seen 30 - 40 new clients per month due to the economy, and the agency will have to start a waiting list if Medical Outpatient funds are not fully expended. While he supports comprehensive services for all clients, he further supports the \$21 million recommendation because his first concern is ensuring medical care.
- Mr. Bailey said the need for Treatment Education was increasing due to more complex treatments and clinical trials. It is also often the point of entry into medical care, as well as functioning in lieu of CM, Psychosocial.
- Justifications for allocating \$21 million to the group of Medical Outpatient/Specialty services are: 1) maintain current funding, 2) provide stability for providers, 3) give message to providers that administrative barriers have been removed so they can increase staff to support top-ranked services.
- ➡ Approved re-categorizing Case Management, Home-based to core medical services, consistent with HRSA designation.
- ➡ Agreed not to fund Medical Care Coordination for FY 2010 because it cannot be implemented until FY 2011.
- ➡ OAPP will provide revised percentages based on approval of FY 2009 allocations.

**MOTION #3 (Watt/Frye):** Allocate \$21 million to Medical Outpatient/Specialty (including Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings), (**Failed: Ayes:** Frye, Granai, O'Brien; **Opposed:** Land, Goodman, Watt; **Abstention:** Green).

**MOTION #4 (Goodman/O'Brien):** Reconsider Motion #3 (**Passed: Ayes:** Frye, Goodman, Granai, Green, Land, O'Brien, Watt; **Opposed:** None; **Abstention:** None).

**MOTION #5 (Goodman/O'Brien):** Reconsideration of Motion #3—Allocate \$21 million to Medical Outpatient/Specialty (including Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings ),(**Passed: Ayes:** Frye, Goodman, Granai, Green, O'Brien, Watt; **Opposed:** Land; **Abstention:** None).

B. **Other Streams of Funding:** Information was provided in the packet.

9. **MINORITY AIDS INITIATIVE (MAI):** This item was postponed.
10. **FY 2008/2009 EXPENDITURES:** The MAI Subcommittee is continuing work on schedule.
11. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.
12. **2009 COMPREHENSIVE CARE PLAN:** This item was postponed.
13. **COMMITTEE WORK PLAN:** This item was postponed.
14. **GEOGRAPHIC ESTIMATE OF NEED (GEN) REPORT:** This item was postponed.
15. **OTHER STREAMS OF FUNDING:** This item was postponed.
16. **STANDING SUBCOMMITTEES:** This item was postponed.
17. **NEXT STEPS:** The Benefits Specialty decisions has to be made at the next meeting. Ms. Watt requested that the Committee also consider Outreach, Medical Transportation, Health Insurance Premiums and Cost Sharing and other service categories.
18. **ANNOUNCEMENTS:** There were no announcements.
19. **ADJOURNMENT:** The meeting was adjourned at 5:05 pm.